POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | | |
|--|--|----------------------------------|-------------------|--|------------------------|--|------------------------|
| I hereby appoint: | | | | | | | |
| ✓ Pra | actitioners asso | ciated with the Customer Number: | 64494 | | | | |
| OR | | | | | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | | |
| | Name | | Registration Name | | Name | | Registration Number |
| | | | | | | | 7,011,001 |
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| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned mailto:spice and spice assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | | |
| 7 7 1 10 10 10 | | | | | | | |
| \checkmark | ✓ The address associated with Customer Number: 64494 | | | | | | |
| OR | | | | | | | |
| Firm or Individual Name | | | | | | | |
| Address | | | | | | | |
| City | , | | State | | Zip | | |
| Country | | | | | | | |
| | | | | | | | |
| Telephone | | Email | | | | | |
| Assignee Name and Address: | | | | | | | |
| Keystone Technology Solutions, LLC | | | | | | | |
| 1057 Exchange St., M/S 1-507 | | | | | | | |
| Boise, ID 83716 | | | | | | | |
| A section of the sect | | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of | | | | | | | |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee. | | | | | | | |
| and must identify the application in which this Power of Attorney is to be filed. | | | | | | | |
| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | | |
| Signature | 1 | | | | Date 10/26/07 | | |
| Name | David Kapla | plan | | | Telephone 208-368-4000 | | |
| Title | | lent, Technology Licensing | | | | | |
| This collection of information is required by 3T CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a bound by the public which is to fis (and by the USPTO to process) an application. Confidentability by govered by 3S USL 6.12 and 3T CFR 1.11 and 1.14. This collection is estimate to issue 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will very deponding upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Cimmentance Office. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO TIAIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, V.A. 22313-1450. | | | | | | | |